

AMENDMENTS TO LB 999

Introduced by Campbell, 25.

1 1. Strike original section 2 and insert the following new
2 section:

3 Sec. 2. (1) The Legislature finds that Nebraska's general
4 acute and critical access hospitals provide a foundation of health
5 care throughout the state. This long-established means of providing
6 health care is changing. Because health care delivery is evolving,
7 it is important to assess needs in Nebraska and determine whether
8 licensure and regulation should be changed to reflect current and
9 future practices.

10 (2) The department shall not accept an application or
11 issue a license for a new hospital beginning on September 1,
12 2010, and continuing through August 31, 2011, except that this
13 prohibition shall not apply to an application for a license as a
14 critical access hospital.

15 (3) The Health and Human Services Committee of the
16 Legislature shall study health care in Nebraska. The study shall
17 include, but not be limited to:

18 (a) A comparison of the roles of Nebraska's general acute
19 hospitals, critical access hospitals, ambulatory surgical centers,
20 and other limited service facilities, such as physician-owned
21 hospitals and investor-owned hospitals, and the impact of such
22 hospitals, centers, and facilities on access to services, quality
23 of health care, and cost, including medicaid costs and insurance

1 premiums;

2 (b) Compliance with the federal Emergency Medical
3 Treatment and Active Labor Act, 42 U.S.C. 1395, as such act existed
4 on January 1, 2010;

5 (c) Referral practices;

6 (d) Ownership disclosure;

7 (e) Uncompensated and under-compensated patient care;

8 (f) Joint ventures among or between hospitals,
9 physicians, and investors;

10 (g) Reinvestment in facilities;

11 (h) Examination and definition of community benefits;

12 (i) Clarification and definition of limited service
13 facilities, such as physician-owned hospitals and investor-owned
14 hospitals, and other definitions as needed; and

15 (j) The impact of federal health care reform on the items
16 in subdivisions (a) through (i) of this subsection.

17 (4) The committee shall seek information from resources,
18 including, but not limited to, physicians; representatives of
19 hospitals, ambulatory surgical centers, physician-owned hospitals,
20 investor-owned hospitals, public health agencies, the department,
21 and allied professions such as behavioral health service providers,
22 nurses, pharmacists, and emergency care providers; businesses;
23 consumers; insurers; communities; the Legislative Fiscal Analyst;
24 and the office of Legislative Research.

25 (5) The committee shall report its findings to the
26 Legislature by December 31, 2010.